

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

101563601

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	0					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	0					
14	0					
15	0					
16	0					
17	0					
18	0					
19	0					
20	1					
21	0					
22	0					
23						
24						
25						
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49						
50						
TOTAL IND.	2		↓		↓	↓
TOTAL DEP.	20	←		←	←	←
TOTAL CLAIMS	22					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						